



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

NUEVA VIDA BEHAVIORIAL HEALTH
ASSOCIATES
5555 FREDERICKSBURG RD STE. 102
SAN ANTONIO TX 78229

DWC Claim #:
Injured Employee:
Date of Injury:
Employer Name:
Insurance Carrier #:

Respondent Name

TRAVELERS INDEMNITY CO

Carrier's Austin Representative Box

Box Number 05

MFDR Tracking Number

M4-11-2775-01

MFDR Received Date

APRIL 13, 2011

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The claim was denied by the carrier per 'lack of preauthorizatoin'. According to our records, this was the first time [injured worker] performed a Psychological Evaluation. Pursuant to Rule 134.500(p)(7), 'only repeat psychological interviews require pre-authorization; unless it is part of a preauthorized or Division exempted return-to work rehabilitation program.'"

Amount in Dispute: \$582.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The Provider is incorrect that this was the first psychological interview. Tammy Botello performed a psychological interview on 09-20-2007, and submitted billing to the Carrier. The Carrier reimbursed her for the service, as it was provided under the Claimant's workers' compensation claim. As the service in dispute here is the second psychological interview, it required preauthorization under Rule 134.600(p)(7). As the Provider did not obtain preauthorization prior to rendering the service, the Provider is not entitled to reimbursement."

Response Submitted by: Travelers, 1501 S. Mopack Expressway, Austin, TX 78746

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
October 20, 2010	Psychological Interview	\$582.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.600 sets out the procedures for obtaining preauthorization.

3. The services in dispute were reduced/denied by the respondent with the following reason codes:
- 197 – Payment denied/reduced for absence of precertification/authorization.

Issues

1. Did the requestor obtain preauthorization for the psychological interview?
2. Is the requestor entitled to reimbursement?

Findings

1. 28 Texas Administrative Code §134.300(p)(7) states that non-emergency health care requiring preauthorization includes all psychological testing and psychotherapy, repeat interviews, and biofeedback, except when any service is part of a preauthorized or Division exempted return-to-work rehabilitation program. The respondent submitted an EOB showing a psychological interview (CPT Code 970801) was billed to the carrier on October 22, 2007 and paid by the carrier on November 9, 2007; therefore, the respondent has supported their denial.
2. Review of the submitted documentation finds that the requestor did not seek preauthorization for a repeat psychological interview. As a result, reimbursement cannot be recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	May 16, 2013
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision* together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.****

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.